

**DMH  
PRE-REGISTRATION  
FORM**

17th Annual Conference

September 14-16, 2011

**Latino Behavioral Health Institute Conference**  
*"Advancing Latino Behavioral Health: From Margin to Mainstream"*

**DMH Pre-Registration Form**

**\$ Prices Listed On This Form Are For DMH Pre-Registration Only \$**

**REGISTRANT INFORMATION** (print clearly)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Employee # \_\_\_\_\_  
Bureau/Division \_\_\_\_\_ Unit/Program \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ CA \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number (include area code) \_\_\_\_\_ Fax Number (include area code) \_\_\_\_\_

**REGISTRATION INFORMATION**

☐ 3 Day Conference –September 14-16, 2011 - **\$50.00** ☐ CME/CE/CEU Request License Number \_\_\_\_\_  
OR  
Individual Days Attendance - check date(s) (2 maximum)  
☐ Sept. 14, 2011 - **\$18.75** License: ☐ PhD ☐ PsyD  
☐ Sept. 15, 2011 - **\$18.75** ☐ MD ☐ LCSW  
☐ Sept. 16, 2011 - **\$18.75** ☐ MFT ☐ RN  
☐ CAADAC ☐ Other: (list below)  
**Total: \$**

Supervisor Signature \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Supervisor's Telephone Number \_\_\_\_\_ Supervisor's Fax Number \_\_\_\_\_

**PAYMENT INFORMATION**

☐ Check # \_\_\_\_\_ (Payable to LBHI)

Write billing information for this credit card holder:  
Name, address, and phone number (print clearly)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

☐ Money Order (Payable to LBHI)

☐ Credit Card

☐ Visa ☐ MasterCard ☐ Discover Card

Credit Card \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ 3-Digit Security No. \_\_\_\_\_  
Month/Year

**Only DMH staff who pre-register by September 7, 2011, with approval from their immediate supervisor, will be eligible to receive the discounted rate. The pre-registration rate is available on a first come, first served basis.** Payments are to be made to LBHI and submitted along with this form to Workforce Education and Training Division, 695 S. Vermont Avenue, 15th Floor, Los Angeles, CA 90005.

No Payment or Pre-registration will be accepted after September 7, 2011.

Registration is official when payment is received.

**No exceptions.** Any DMH staff registering on-site will be required to pay the conference rate of \$75 a day or \$200 for 3 days.

**No refunds after September 2, 2011.**

Space is limited; please arrive early. For additional information call (213) 251-6859 or email: [pzavalaansel@dmh.lacounty.gov](mailto:pzavalaansel@dmh.lacounty.gov)